

**Maine CDC WIC Nutrition Program/MaineCare  
Request/Prior Authorization for Medical Formula/WIC-Eligible Nutritionals**

<b>Healthcare Provider:</b>		<b>Return form to:</b>
<b>Address:</b>		
<b>Phone:</b> _____ <b>Fax:</b> _____		
<b>Provider DEA:</b> _____		
Patient's Name: _____		Date of Birth:        /        /
MaineCare ID#: _____		Parent/Guardian: _____
Pharmacy Name: _____		Address: _____
Pharmacy Fax: _____		Pharmacy NABP/NPI #: _____
<p><b>Please specify the underlying qualifying medical diagnosis(es):</b> Please note that non-specific conditions such as rash, intolerance, underweight, fussiness, colic, spitting up, vomiting, gas, or constipation, or requests strictly for management of body weight will <u>not</u> be considered indications for a medical formula.</p> <p> <input type="checkbox"/> Prematurity (&lt;37 weeks gestation)         <span style="margin-left: 100px;"><input type="checkbox"/> Developmental Delay</span> </p> <p> <input type="checkbox"/> Severe food allergies (specify): _____         </p> <p> <input type="checkbox"/> GI Disorder/Malabsorption Syndrome (specify): _____         </p> <p> <input type="checkbox"/> Metabolic Disorder/Inborn Error of Metabolism (specify): _____         </p> <p> <input type="checkbox"/> Failure to Thrive (specify underlying medical condition): _____         </p> <p> <input type="checkbox"/> Other (specify): _____         </p>		
<p>The Maine CDC WIC Nutrition Program issues only contract infant formula for partially breastfed or nonbreastfed infants who are using standard cow's milk or soy formulas. The current contract formulas include: <b>Enfamil Newborn, Enfamil Infant, Enfamil Gentlease, Enfamil Reguline, Enfamil AR, and Enfamil Prosobee.</b> All prescriptions for medical formulas are subject to WIC approval and provision based on program policies. Please refer to the Maine CDC WIC Nutrition Program formulary for more information: <a href="http://www.maine.gov/dhhs/mecdc/health-equity/wic/health/index.shtml#F">http://www.maine.gov/dhhs/mecdc/health-equity/wic/health/index.shtml#F</a></p> <p><b>Formula Prescribed:</b> _____ Prescribed ounces or cc/day _____</p> <p>Tube feeding <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Special instructions for preparation, dilution or tube feeding (if applicable): _____</p> <p>Duration of prescription: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months</p>		
<p><b>Foods to be omitted in patient's diet</b> (please specify, if any): _____</p> <p><b>Services available from WIC:</b></p> <p>The <b>WIC Registered Dietitian</b> may identify appropriate WIC foods, their prescribed amounts and length of time they are to be provided to the participant: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <b>Whole Milk prescribed</b> (child ≥24 months or woman—must also be receiving medical formula for qualifying medical condition)</p>		
<b>HEALTH CARE PROVIDER SIGNATURE:</b> (MD, PA, NP, DO)		<b>Date:</b> _____
Printed Name (Health Care Provider): _____		

**WIC Office Use:** Part ID#: \_\_\_\_\_ HH ID#: \_\_\_\_\_ Clinic: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_